


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2006 8:00 am**  
**Secretary of State**

06-13-2006 90103 003 \*\*\*\*50.00

DOCUMENT # L05000024467		
1. Entity Name MOBILE AUTO PAINT SERVICE, LLC		

Principal Place of Business 396 ENTERPRISE OSTEEN ROAD OSTEEN, FL 32764	Mailing Address C/O ALL FLORIDA FIRM NONLAWYER 485 NORTH VOLUSIA AVENUE DELTONA, FL 32763
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2. Principal Place of Business 4285 Summer Landing Dr. Suite, Apt. #, etc. #306	3. Mailing Address 4285 Summer Landing Dr. Suite, Apt. #, etc. #306
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City & State Lakeland, FL	City & State Lakeland FL
Zip 33810	Zip 33810
Country	Country

05222006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2486103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  WILLIAMS, STEVEN R 396 ENTERPRISE OSTEEN ROAD OSTEEN, FL 32764	
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, STEVEN R 396 ENTERPRISE OSTEEN ROAD OSTEEN, FL 32764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date 6/8/06	Daytime Phone #
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